

DIVISION OF ADMINISTRATION

REQUEST FOR ☐ NAME CHANGE ☐ ADDRESS CHANGE ☐ PHONE NUMBER CHANGE

Official Name of Employee (as current per our records)		Personnel Number	Section Name
NAME CHANGE			
From	To	Effective Date**	
HOME ADDRESS CHANGE***			
From	To	Effective Date**	
PAYCHECK/EARNINGS STATEMENT MAIL ADDRESS CHANGE			
From	To	Effective Date**	
PHONE NUMBER CHANGE			
From	To	Effective Date**	
<p>Note: If you participate in the health insurance program through State Employee Group Program or an HMO, please provide name.</p> <p>Are you a participant in State Employees Group Benefits Life Insurance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Should you wish to make any change(s) of you beneficiary for your retirement plan and/or life insurance plan(s) please contract your Personnel Office.</p> <p>*This is the address designated as your mailing address for payroll to send your payroll check or earnings statement. **Effective date cannot be retroactive. ***All documents related to Personnel Activity will be mailed to this address.</p>			
Employee Signature		Date	